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**FACSIMILE TRANSMISSION**

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TO:	PHONE #:	FAX #:
Examiner Michael C. Wilson Group Art Unit: 1632 U.S. Patent and Trademark Office	703-305-0120	703-308-4242

From : Stephen E. Reiter *SEA*  
Sender's Direct Dial : 858.847.6711  
Date : September 2, 2002  
Client/Matter No : 088802-8051  
User ID No : 1877

**MESSAGE:**

Re: U.S. Patent Application No. 09/854,140

- Enclosures: 1) Amendment Transmittal  
2) Response

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Atty. Dkt. No. SALK2940  
(088802-8051)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

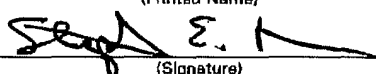
**Applicant:** Schiffer and Heinemann  
**Title:** KAINATE RECEPTOR SUBUNIT  
GLUR7 POLYMORPHISMS FOR  
DIAGNOSING PREDISPOSITION  
AND FOR THERAPY OF MOOD  
DISORDERS

**Appl. No.:** 09/854,140

**Filing Date:** 05/11/2001

**Examiner:** Michael C. Wilson

**Art Unit:** 1632

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Washington, D.C. on the date below.	
<u>Stephen E. Reiter, Reg. No. 31,192</u>	
(Printed Name)	
<u></u>	
(Signature)	
<u>9/3/02</u>	
(Date of Deposit)	

**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
Box NON-FEE AMENDMENT  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	36	36	0	x \$18.00	= \$0.00
Independents:	5	5	0	x \$84.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00	= \$0.00
CLAIMS FEE TOTAL:					= \$0.00

In re application of  
Schiffer and Heinemann  
Application No. 09/854,140  
Page 2

Atty. Dkt. No. SALK2940  
(088802-8051)

- [ ] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

[ ]	Extension for response filed within the first month:	\$110.00	\$0.00
[ ]	Extension for response filed within the second month:	\$400.00	\$0.00
[ ]	Extension for response filed within the third month:	\$920.00	\$0.00
[ ]	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
[ ]	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$0.00
[ X ]	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$0.00

- [ ] Please charge Deposit Account No. 50-0872 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- [ ] A check in the amount of \$0.00 is enclosed.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 9/3/02  
FOLEY & LARDNER  
Customer Number: 30542

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30542

PATENT TRADEMARK OFFICE

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By

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